FEE

X\$18=

X84=

+280=

ADDIT. FEE

TOTAL

Application or Docket Number

Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	YTITY	OR	OTHER SMALL	
TOTAL CLAIMS			14				F	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		· \$			(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					•	,		 (42=		OR	X84=	84
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				 	+140=		OR	+280=	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	824	
(Column 1) (Column 2) (Column 3)							s	MALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	. F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 14	Minus	 2	0	= 0	>	(\$ 9=		OR	X\$18=	
	Independent	* 4 NTATION OF M	Minus	***	L E GL ANA	-8	7	(42=		OR	X84=	
	FINST PRESE	ENTATION OF MI	ULTIPLE DEF	PENDEN	CLAIM		+	140=		OR	+280=	
				•			ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,,,,,	,,,,, C.		•	room. TEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	(\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		-		(42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ <u>۲</u>	140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Color	ma 21	(Column 3)	ADI	OIT. FEE	<u> </u>	, V''	ADDIT. FEE	
		CLAIMS		(Colu	HEST	(Column 3)			ADDI			400
ST.C		REMAINING AFTER			IBER OUSLY	PRESENT EXTRA	 	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT

Minus

Minus

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PAID FOR

OR

OR

OR

OR

FEE

X\$ 9=

X42=

+140=

TOTAL ADDIT. FEE

Total

Independent

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."